

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.
70/6201,481

FILING DATE

APPLICANT(S)

8-4-09

CLAIMS

NUMBER	AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.
1	/			
2	/			
3	/			
4	/			
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49				
50				
TOTAL IND.	2	0	0	0
TOTAL DEP.	16	0	0	0
TOTAL CLAIMS	20	0	0	0

*	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
54						
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99						
100						
TOTAL IND.	0	0	0	0	0	0
TOTAL DEP.	0	0	0	0	0	0
TOTAL CLAIMS	0	0	0	0	0	0

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS